

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031921

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1244

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 9 1963

## 1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield

Length of stay in 1b  
years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Burge Hospital

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Springfield

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
911 W Elm

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Fredrick Wiley Denton

4. DATE OF DEATH  
Month Day Year  
Sept 3 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
1/26/1876

9. AGE (last birthday)  
87

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Minister

10b. KIND OF BUSINESS OR INDUSTRY  
Minister

11. BIRTHPLACE (City and state or country)  
Kentucky

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

James W Denton

## 13b. MOTHER'S MAIDEN NAME

Mary Ann Denton

## 14. NAME OF HUSBAND OR WIFE

Mattie Denton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)  
No

16. SOCIAL SECURITY NO.  
none

## 17. INFORMANT

Mattie Denton Springfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY)

### IMMEDIATE CAUSE (a)

Infarction Myocardial Posterior Rupture 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour - Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-31-63 to 9-3-63 and last saw him alive on 9-2-63  
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)  
J. H. Wakeman M.D.

22b. ADDRESS  
Springfield Mo

22c. DATE SIGNED  
9-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
Sept 5 1963

23c. NAME OF CEMETERY OR CREMATORY  
Eastlawn

23d. LOCATION (City, town, or county) (State)  
Springfield, Mo

24. FUNERAL DIRECTOR

ADDRESS Springfield

25. DATE RECD. BY LOCAL REG.  
9-6-63

26. REGISTRAR'S SIGNATURE (acting)  
Bernie M. M. M.

Chapel of the Ozarks Inc. Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

9/13/63

7780  
7780

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. W. P. P. P.

Licensed Embalmer No. 5159

P. O. Address Springfield, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.